

**A STUDY TO EVALUATE THE EFFECTIVENESS OF PLAY  
THERAPY IN REDUCING THE LEVEL OF ANXIETY AMONG  
HOSPITALIZED CHILDREN AT THE AGE GROUP OF  
6-12 YEARS AT SELECTED HOSPITALS IN DINDIGUL  
DISTRICT.**



**A DISSERTATION SUBMITTED TO THE TAMILNADU DR.M.G.R  
MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILLMENT OF  
THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN  
NURSING.**

**OCTOBER-2016**

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**MS.MATHIVADHAN.R**

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UNIVERSITY, CHENNAI, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING.**

**OCTOBER-2016**

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## ABSTRACT

A study to evaluate the effectiveness of play therapy in reducing the level of anxiety among hospitalized children at the age group of 6-12 years at selected hospitals in Dindigul District was done by **Ms.Mathivadhani.R** as a partial fulfillment of the requirement for the Degree of Master of science in Nursing to the Tamilnadu Dr.MGR. Medical University Chennai During the year of 2013-2016.

The objectives of the study were to evaluate the pre test and post test level of anxiety among hospitalized children at the age group of 6-12 years in the control and experimental group, evaluate the effectiveness of play therapy among hospitalized children at the age group of 6-12 years in the experimental group, to find out the association between the level of anxiety among hospitalized children at the age group of 6-12 years and their selected demographic variables and in the control and experimental group.

In this study a quasi experimental, non randomized control group pre test –post test design was adopted. Purposive sampling technique was used to select each 30 samples in experimental and control group. Structured interview schedule was used to collect the demographic data of the study participants. Modified Hamilton Anxiety Rating Scale (HAM-A scale) was used to assess the level of anxiety. Experimental group received intervention of play therapy for 30 minutes – 1 hour and immediately post test was done.

The result shows that, with regard to **age**, 10(33.3%) in control group and 9(30%) in experimental group belongs to the age group of 6 -8 years whereas 10(33.4%) in control group and 11(36.7%) in experimental group are at the age between 9 -10 years and 10 (33.3%) in control group and 10(33.3%) in experimental group are at the age group of 11-12 years.

Considering the **gender**, 16(53.3%) were males in both control and experimental group and 14(46.7%) were females in both control and experimental group.

With respect to the **education**, 11(36.7%) in control group and 10(33.3%) in experimental group were studying 1 -3<sup>rd</sup> std and 6 -7<sup>th</sup> std whereas 8(26.6%) in control group and 10(33.3%) in experimental group are studying 4 – 5<sup>th</sup> std.

In relation to **history of previous hospitalization**, 15(50%) in control group and 16(53.3%) in experimental group had previous hospitalization while 15(50%) in control group and 14(46.7%) in experimental group had not previously hospitalized.

Regarding the **history of surgery**, 23(76.7%) in control group and 25(83.3%) in experimental group had no history of surgery.

In relation to **primary caregiver**, majority of the primary caregiver are mother (83.3%) in control group and 73.3% in experimental group.

With respect to **religion**, 14(46.7%) in control group are muslim whereas 17(56.7%) in experimental group belongs to hindu religion.

With regard to **area of residency**, 17(56.7%) in control group and 16(53.3%) in experimental group are living in urban area while 13(43.3%) in control group and 14(46.7%) in experimental group belongs to rural area.

Considering about the **monthly income**, 23(76.7%) in control group and 19(63.3%) in experimental group earns Rs.5000 -10,000 per month. Whereas 5 (16.6%) in control group and 7(23.3%) in experimental group earning Rs.10,000 and above.

In relation to the **order of the child**, 11(36.7%) are first born in their family in both control and experimental group. Majority of the children are second born in the family ie., 10(33.3%) in control group and 12(40%) in experimental group.

With respect to **education of parents**, in control group, 11(36.7%) completed secondary education and in experimental group, 11(36.7%) completed elementary education. Illiterates are

about 10% in control group and 13.3% in experimental group whereas 3(10%) in control group and 7(23.3%) in experimental group were graduated.

Findings shows that in control group 17(56.7%) subjects experienced moderate anxiety, 11(36.7%) had severe anxiety, 2(6.6%) demonstrates very severe anxiety in pre test and 21(70%) shown moderate anxiety, 6(20%) experienced severe anxiety and 3(10%) expressed very severe anxiety in the post test.

In experimental group, 18(60%) had moderate anxiety, 9(30%) shown severe anxiety, 3(10%) expressed very severe anxiety in pre test whereas in post test 14(46.7%) had mild anxiety and 16(53.3%) demonstrated moderate anxiety.

The calculated 't' value in the experimental group were 8.79 which was statistically highly significant at  $p < 0.001$  level which clearly shows that the play therapy was effective in reducing the level of anxiety among hospitalized children at the age group of 6 -12 years.

The obtained 't' value between control and experimental group is 6.89 which was highly significant at  $p < 0.001$  level. These findings concluded that the play therapy was effective approach in reducing the level of anxiety among hospitalized children in the experimental group.

There was a significant association between the demographic variable, religion and the level of anxiety among hospitalized children in the control group at  $p < 0.05$  level. Whereas there is no significant association with other selected demographic variables.

In the experimental group, there was a significant association between education of parents and the level of anxiety at  $p < 0.05$  level among hospitalized children. Whereas there is no significant difference with other selected demographic variables.

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# CHAPTER-I

## INTRODUCTION

## **CHAPTER –I**

### **INTRODUCTION**

**“Play is the highest expression of human development in childhood, for it alone is the free expression of what is in a child’s soul”**

**-Froebel**

Hospitalization is stressful for children of all ages. During a serious illness, even older children have a great need for their parents and can tolerate their absence only for short periods. They need to know that their parents will be there when they need them most and that they are loved and missed. It is re-assuring to note that most children are able to survive the event of hospitalization without long-term negative effects with the help of play activities.

Nurses play a critical role in helping the child and family cope effectively with hospitalization. Play is an essential part of a child’s life and is an important aspect in fostering growth and development. Toys are the “tools” of play and provide a more “natural” environment for a child. The proper selection and use of toys can reduce the traumatic effects of a hospitalization experiences and aid in the recovery phase of illness.

Play is an integral part of the hospitalized child’s plan of care. Play offers the child an opportunity or creative expression, diversion and effective coping. In the hospital a supervised play program provides warm, friendly atmosphere that will help the child continue to grow and develop.

In larger hospitals a child life specialist may coordinate the play program. A place to play, suitable materials and other children to play with are essential. Because play is a child’s way of learning, toys, materials, and equipment are learning tools.

Paints modelling clay dolls, blocks, games, books, toys and interactive computer technology are some of the materials with which children rebuild the world to their size a world

they bring with them of people, special belongings (E.g. - blanket or toys), and feelings. A child's play is his or her occupation or work. Designing a play program buffers the effects of separation from family, feelings of isolation and painful or frightening experiences such as intensive procedures. Play promotes healing and helps the child to cope with stressful experiences.

The attitudes and feelings that children reveal in their play are full of meaning. Every opportunity should be afforded the hospitalized children to use play and other expensive activities to lessen stress experiences. The proper selection of toys can provide constructive, educational stimulating relaxing, diversion or therapeutic value.

Play happens to the business for children. Its purposes are numerous intellectual and motor developments, creativity and development of higher functions, play has been known to divert child's mind. A crying child will stop crying when a toy is given to play. The value of play to a sick child in the hospital has long been recognized and if the hospital is to meet the physical, mental and emotional need of the child. It must also provide suitable play activity to the child to reduce the fear and anxiety of hospitalized children.

Play is the royal road to the child's conscious and unconscious inner world". Evidence of this is described in a collection of play observations by professionals working within the medical setting. Child life specialist, developmental literature, and child life students in training described how children within the medical setting use play to master development and critical experiences.

## **NEED FOR THE STUDY**

**“Play is the only way the highest intelligence of humankind can unfold.”**

**-Joseph Chilton.P**

Play when one thinks of play, one immediately thinks of fun and children. But what one does not realize is the scope of influence it has on the growth and development of a child stored within its realm.

With the rise in parental divorce, current terrorist threats, and high turnover in employment causing frequent relocation of families, levels of anxiety have increased in children as well as adults. Over the forty years, a meta-analysis of research showed that levels of anxiety have risen, but it is unknown if societal changes or current events, such as terrorist attacks or natural disasters, have influenced these trends. During these changes, children and adults tends to experience some anxiety encountering new surroundings. It is typical for many adults and children's to experience anxiety when introduced to novel situations or experiences. Often people are frightened of situations that are new and unfamiliar.

Anxiety can produce physical symptoms such as difficulty in breathing, sweaty palms, accelerated heart rate, trouble sleeping, or shakiness. Throughout life, it is common for most people to experience some level of anxiety. However, some people may experience brief or constant stages of anxiety. In children, normal anxiety is expressed differently depending on age and gender. Particularly, literature suggests that anxiety symptoms are more prevalent in younger children than older children, and girls are more likely than boys to have symptoms.

Over time, the nature of children's anxiety may change. The effects of anxiety also differ among individuals. For example, some people may be paralyzed with anxiety while others seems to function normally.

The children in the hospital need play provision not only because they have neutral needs

for play but also for others reasons such as to prevent developmental regression, to reduce parental & child stress and anxiety, to facilitate communication between staff and children and to encourage the child co-operation in hospital procedures. The play activities can be used in a multitude of setting and in a multidisciplinary fashion.

One of every four children will be hospitalized at least once before reaching school age. The physical and psychological stress of hospitalization may be influence by the child developmental level, causing behavioral assessments, preoperative tours & therapeutic play techniques, fear can be allayed misconception correlated emotionally charged issues addressed and a positive self image created. Other purpose of therapeutic play are helps sick children gradually region independence through enjoiment of group experiences. Creativity can be developed through playing with toys, games and group projects.

Children spend much of their youthful energy engaged in play. Indeed, play in its various forms, is a serious business-not only for the active participants but also for students of the phenomenon. Until the late 1800s, child's play was not considered an important activity. Since then, numerous books and articles have been written about the study of children, the meaning of their play and later combined into therapeutic treatment. Essentially, the pervasive presence of play in the activities of the child, the puzzle concerning the cause, content, and purpose of play, and the practical application of play to foster the development of the child, have been discussed for centuries. Play has been defined in a variety of ways encompassing its ability to provide a child with a mechanism for coping, learning, understanding, intelligence, and mastery.

Infants cope with their anxiety through play which also forms a link between the child's real experiences and perceived experiences. Play becomes part of a child's critical development process not only during infancy, but also continues as the child grows. Knowing that play is the

natural medium of communication and self-expression, play therapy allows a child to express his or her experiences rather than to talk out his or her experiences as in adult therapy.

**Florence Nightingale** the founder of modern nursing emphasized the essential nature of play for hospitalized children. She pointed out that it is the responsibility of health care professionals to create and maintain a therapeutic environment for paediatric patients.

**Florence Erikson** was one of the first nurse to conduct a study of play intervention for hospitalized children. In exploring the reaction of children to the hospital experience, they found that it is easier to express their feelings about hospital when they were given the opportunity to play with clinical equipment. She demonstrated the benefits of using play interviews and dolls to prepare hospitalized children for invasive procedure.

**Freud(1928)** described that the use of play as a therapeutic modality for communicating with children has been used for over eight years. Over the past twenty to forty years, many researchers have debated the efficacy of this form of treatment and unanimously espoused the need for more qualitative and quantitative studies.

**Neubauer, Deblinger & Sieger (2010)** describe the therapeutic process through their case study with Mary, age six, who had a long history with domestic violence and alleged sexual abuse. Since children have difficult time verbalizing the thoughts, the therapist used different play modalities to explain the difference between one's feelings, behaviours and thoughts. Most importantly, the way that we think about an event in turn affects our feelings and behaviours. Enabling the child to become aware of their thoughts in relation to a specific event and process any negative emotions associated allows the child to regain normal emotional development.

**Wolfer & Visintainer(2011)** conducted an influential study to examine the stress responses and adjustment to the hospitalization of paediatric surgical patients. The result showed

that the children who received hospital play intervention reported fewer upset behavior and post-hospitalization adjustment problems. It was suggested that play intervention helped the children to cope with the stress of hospitalization.

**Zahr(2010)** conducted a study on preparing pre –school children to undergo surgery by means of hospital play interventions. The researcher found that children who received such interventions pre-operatively experienced fewer adverse behavior changes and were significantly calmer post-operatively than children who received only routine care.

**Li and his colleagues** conducted the first randomized controlled trial to test the effects of hospital play interventions on children undergoing surgery. The researcher found that these children experienced less anxiety and exhibited fewer negative emotions than the children receiving only information preparation in the pre and post-operative periods.

Statistics for Anxiety disorder among children from **National Institute Of Mental Health(2014)**

- 1 in 10 children and young people aged 5 -16 suffer from a diagnosable mental health disorder – that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self harm.
- Nearly 80,000 children and young people suffer from severe depression.
- Over 8,000 children aged under 10 years from severe depression.
- More than half of all adults with mental health problems were diagnosed in Childhood.
- The number of young people aged 15 – 16 with anxiety disorder nearly doubled between 1980s and the 2000s.

Statistics from **Child Mind Institute Children’s Mental Health Report(2015)** states that 80% of kids with a diagnosable anxiety disorder and 60% of kids with diagnosable depression are not getting treatment.

The investigation came across studies in relation to play activities and its effectiveness, in reducing the child anxiety, which are done in foreign settings. Studies done regarding the relationship between play activities and anxiety of hospitalized children are very few in India. Thus the investigator were motivated to carry out this study.



## **STATEMENT OF THE PROBLEM**

“A study to evaluate the effectiveness of play therapy in reducing the level of anxiety among hospitalized children at the age group of 6-12 years at selected Hospitals, in Dindigul district.”

## **OBJECTIVES OF THE STUDY**

1. To assess the level of anxiety among hospitalized children at the age group of 6-12 years in control and experimental group.
2. To evaluate the effectiveness of play therapy among hospitalized children at the age group of 6-12 years in experimental group.
3. To find out the association between the pre test level of anxiety among hospitalized children at the age group of 6-12 years and their selected demographic variables in control and experimental group.

## **HYPOTHESES**

**H<sub>1</sub>**-The mean post test level of anxiety will be significantly lower than the mean pre test level of anxiety among hospitalized children at the age group of 6 -12 years in experimental group.

**H<sub>2</sub>**-The mean post test level of anxiety in experimental group will be significantly lower than the mean post test level of anxiety in control group among hospitalized children at the age group of 6 -12 years.

**H<sub>3</sub>**-There will be significant association between the level of anxiety among hospitalized children at the age group of 6 -12 years and their selected demographic variables in control and experimental group.

## **OPERATIONAL DEFINITION**

### **Effectiveness:**

Effectiveness is defined in terms of reduction in anxiety after the intervention through play therapy.

### **Play Therapy:**

Play therapy is a structured, theoretically based approach to therapy that builds on the normal communicative and learning processes of children.

### **Anxiety:**

A chronic state of tension, which effects both mind and body.

### **Hospitalization:**

Admission into an institution providing medical and surgical treatment and nursing care for sick or injured people [Oxford dictionary, 1999] in this study it refers to the admission of the child to the paediatric medical unit of the hospital for treatment.

### **Children:**

Refers to children admitted to the paediatric ward in age group of 6-12 years of both male and female children were included in the study.

## **ASSUMPTION:**

- The study will bring to light the totality of child's anxiety to hospitalization.
- It will highlight those areas in children's development which require genuine care and support.
- Identification of reaction will motivate to understand hospitalized children as unique and

whole and therefore provide them improved quality care.

- Children are unable to expressed their pain as perceived accurately.
- It will promote sensitive care in order to meet effectively the needs of ill and hospitalized children and thus promote more positive health outcomes

### **DELIMITATION:**

The study is delimited to

- Children who are admitted in general paediatric ward and children who are available at the time of data collection.
- Hospitalized children and their mothers who are willing to participate in the study
- Data collection period is limited to 6weeks.
- The study was limited to selected hospitals at Dindigul district.

### **PROJECTED OUTCOME:**

- The finding of the study will be able to evaluate the effectiveness of play therapy in reducing the level of anxiety among hospitalized children at the age group of 6 -12 years.
- The study will reduce the level of anxiety among hospitalized children at the age group of 6 -12 years .
- It will help the health personnel to conduct further research studies in play therapy related to anxiety.

## CHAPTER-II

### REVIEW OF LITERATURE

## **CHAPTER-II**

### **REVIEW OF LITERATURE**

A literature review is a text of a scholarly paper which includes the current knowledge including substantive findings, as well as theoretical and methodological contributions to a particular topic.

**(Cooper H.M,1988)**

A literature involves the systematic identification, location, scrutiny and summary of written materials that contain information on a research problem.

A literature review is an evaluative report of information found in the literature related to the selected area of study. It provides basis for future investigations that justifies the need for the study, throws light on the feasibility of study. This chapter has review of studies done, methodology adopted and conclusion obtained are mostly adopted and conclusion obtained are mostly from text books, journals and internet searches.

A literature review seeks to describe, summarise, evaluate, clarify and integrate the content of primary reports. The type of scholarship may be empirical, theoretical, critical/ analytic or methodological in nature. The literature review related to this study was organised under the following headings:

- Studies related to play therapy.
- Studies related to anxiety.

## **1.Studies related to play therapy:**

**Burnstein.S&Meichenbahe.D (2015)** conducted a study to find out the effect of play therapy in children following surgery in U.K.A non-randomised convenience sampling technique was used in the study.Total sample was 60.Distractive play therapy was given to the experimental group for 30 minutes and post test score was compared with post test score in control group.CEMS scale was used to assess the anxiety level.The result of the study showed that there was a very high significant difference( $p<0.001$ ) which reveals the effectiveness of play intervention in reducing anxiety following surgery.

**Cassell .s (2015)** completed a randomized trial to investigate the possible effect of puppet therapy including role play in reducing anxiety among hospitalized children undergoing cardiac catheterization at Singapore public hospital. Total sample was 120.children at 3 -12 years were selected.The post test score was lower than the pre test score and the 't' value was 40.1 which was highly significant at  $p<0.05$  level.Thus children ages 3-11years received were puppet therapy prior to cardiac catheterization,they showed less anxiety than the control group. The findings of the study revealed that the play therapy is effective intervention to reduce anxiety prior to cardiac catheterization.

**Pearson.J&Catalda (2015)** conducted an experimental study related to play therapy for the children aged 2 -16 years in paediatric intensive care unit in Belgium.Convenience sampling technique was used.Total sample was 80.The children received play therapy for 20 minutes period of time and positive changes were observed after the conclusion of the therapeutic play session in the experimental group.The obtained 't' value was 7.83 which was highly significant at  $p<0.001$  level which clearly shows that there was increase in positive affect by providing play activities.

**Clatworthy.s (2014)** investigated the relation among play, coping and distress in children aged from 7 to 9 years old undergoing an invasive dental procedure through a descriptive study in pediatric dental practice in Melbourne. Purposive sampling technique was used. They found that there is a positive relation between play and cognitive coping. Children who were good at play were also good cognitive copers. Children who had good imaginations and were able to develop a well-organized and elaborate play reported being less distressed than a child whose play was preservative and less imaginative, less organized or elaborate. The result of 't' value was 30.45 and significant at  $p < 0.01$  level which indicates that the play therapy was effective.

**Rae.w & Sanner (2014)** assessed the effect of two different types of play and verbal support of 5 to 8 years old patients admitted to the hospital for three days to reduce the anxiety level. Data was collected using Child Post Hospitalization Questionnaire. In this study the experimental group received two, 30 minutes session of non-directive child-centered play therapy, as compared to a diversional play group, verbal support group and a control group. The hospital therapeutic play group reported significantly more reduction in hospital self-reported fears, identified by a Fear Thermometer than the other three groups. The result of 't' value was 52.6 which was statistically significant at  $p < 0.001$  level shows there is vast difference in anxiety scores which reveals play intervention is effective.

**William. Y & Powell (2014)** investigated how a supervised play program conducted in a paediatric ambulatory care clinic could cause an increase in positive responses. A controlled clinical trial method was conducted. Positive responses included "positive parent child interaction (requests are acknowledged, nurturative parenting, interest in one another, sharing of the play experiences, etc)." There was increase in the number of positive responses of parents and children who had a play intervention in waiting areas. There were twice as many positive responses with play supervision compare to no play supervision and the control group.

**Barret& Kim (2013)** completed a randomized control trial with 100 pre-school children aged 3 to 6 years in Lebanon ,using an experimental group who participated in a puppet show specifically related to hospitalization and surgery ,medical play session were given when compared to control group who received hospital care without play. In this study, children in the experimental group were found to have decreased anxiety, and were more calm, but were not cooperative. All six areas of the Children's Post Hospitalization Questionnaire were significantly different from the control group,for the experimental group had showed decreased level of general anxiety,regression,and aggression toward authority.

**FossonA, Martin & Haley (2013)** focused on the pattern of anxiety among hospitalized children aged 6 – 12 years old. Total sample was 50.Cvenience sampling was used.In the intervention group children received a 30 minute guided medical play session, which included a doll and role-play. The Composite Anxiety Index score was used to assess the anxiety level.After the medical play session,children demonstrated a reduction in anxiety when compared to the control group as the obtained 't' value was24.52 which was to be statistically significant at  $p<0.001$  level.Thus the decrease in level of anxiety shows that the play session was effective.

**Young & Fu (2013)** conducted a study by providing needle play to the children of 4-8 years to reduce emotional distress in Paediatric unit in West Bengal.Total sample was 80.The experimental group received needle play using a soft doll and relevant medical equipment prior to venipuncture.Hamilton Anxiety Scale was used to assess the response rate. .The obtained 't' value was 11.76 and the S.D was 0.93 which is highly significant at  $p<0.001$  levelshowed significant difference between pre and post test score in experimental group.Thus the findings of the study concludes that children who received medical play therapy prior to venipuncture demonstrates less anxiety than the control group.

**Adams (2012)** an experimental comparative study on the effectiveness of play activities in



gaining the co-operation of the children during painful procedures like blood sampling, IV infusions was conducted among the hospitalized children in Paediatric ward in California. The sample size was 80 members. The tool used was observation rating scale to observe the reaction of the children during painful procedure. The mean difference was 0.6 and the 't' value was 2.0945. The result revealed that there was an effectiveness of play activities in gaining the cooperation of the children during painful procedures.

**Chan and Leff (2012)** an experimental study was conducted concerning effect of play on reduction of anxiety among immobilized hospital children in the hospital in Brazil. Sixty immobilized children were randomly assigned to the experimental and control groups. Hospital Observed Scale(HOBS) was used to assess the anxiety level. children in the control group were exposed to the regular ward stimuli the experimental group participated in four periods play. The obtained 't' value was 13.4 and the mean difference was 2.53. These findings indicated that the play period expressed more positive feelings towards themselves than the control group.

**Sanner and Daniel (2012)** an experiment study was done on the effectiveness of play activities in helping children between three to twelve years in coping with painful procedures. A randomized control trial was conducted. Observation Rating Scale was used to collect the data. Total sample was 60.20 minutes play therapy was given to the experimental group. The obtained 't' value was 22.32 and the mean difference was 18.8. The findings revealed that adequate coping ability was shown by 62.5% of the children in verbal responses 3.1% in facial expression 34.4% in posture and 16.9% in physical activities rating scale, play activities had helped in improving coping ability than the control group during painful procedures.

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**Doak&Wallace(2012)** a randomized control study was conducted to evaluate the effectiveness of therapeutic play intervention of children following surgery in Pediatric intensive care unit in Sudan. Sample size was 80. convenience sampling was used for the study. The experimental group received child centered play therapy for 30 minutes. The mean post test score was 2.97 and SD was 0.85. The obtained 't' value was 12.5 which was highly significant at  $p < 0.001$  level when compared to the control group. The result of the study clearly states that the child centered play therapy is an effective intervention to demonstrate improved coping ability thereby reducing emotional distress in children following surgery.

**Klein.M (2012)** conducted a study about the effectiveness of play therapy among Attention deficit hyperactivity disorder (ADHD) children. Samples were selected randomly. Child Symptom Inventory questionnaire (CSI-4) were used for the study. Play therapy was given to the experimental group. The result was obtained in the domain of 0.67 to 0.96. According to the results, it has been proved that the comparison of adjusted means of the 2 groups shows that the mean of oppositional defiant disorder in experimental group ( $M=5/57$ ) is lower than control group ( $M=12/63$ ). Therefore, application of play therapy reduced oppositional defiant disorder in those children in experimental group compared with those in control group who did not receive play therapy.

**Sanner and Daniel (2012)** an experiment study was done on the effectiveness of play activities in helping children between three to twelve years in coping with painful procedures. A randomized control trial was conducted. Observation Rating Scale was used to collect the

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## **2.Studies related to anxiety:**

**Grace Zambelli (2015)**conducted a study to assess the stress response and anxiety level among hospitalized children in Australia . A convenience sampling was done.Total sample was 80.child centered play intervention was given to the experimental group. After the intervention, the mean scores of anxiety and stress in the intervention group was 5.09 (4.87) and 8.93 (6.01) and in the control group was 10 (6.45) and 13.17 (7.20), that reduction in depression mean score was significantly greater in the intervention group in the control group ( $p = 0.040$ ). The mean scores of anxiety and stress showed a significant difference between the two groups (Anxiety  $p = 0.001$ ; Stress  $p = 0.011$ ). The mean scores of anxiety before and after the intervention had a significant difference by used of paired t-test ( $t = 2.71$ ;  $p = 0.011$ ) and mean score of anxiety had significant different one month after the intervention compared to before the intervention ( $t = 3.60$ ;  $p = 0.001$ ).Thus the child centered play therapy was effective in reducing anxiety among hospitalized children.

**Robbie Woliver (2015)**an experimental study was done to evaluate the use of anxiolytics in reducing anxiety during invasive procedures in selected hospital in Brazil.There is no difference between groups in anxiety before the procedure ( $F=0.86$ ,  $P=.36$ ). Anxiety decreased after the procedure. Patients in both groups received an anxiolytic (lorazepam) before the procedure but few received additional doses, and 43.9% ( $n=47$ ) received nitroglycerin or other medications such as heparin. The standardized Cronbach coefficient  $\alpha$  for the anxiety scale was 0.92 at baseline and

0.89 after the procedure. Angiographic procedures were not associated with postprocedural pain; most patients (n=86, 80.4%) reported no pain after the procedure. The study reveals that a children receiving Anxiolytics during invasive procedure demonstrates less anxiety after the procedure.

**Clark & Jones (2014)** an experimental study was done to evaluate the use of Instructional play therapy in reducing anxiety during invasive procedure in Malaysia. preschool and school children were selected for the study. The Wilcoxon test was used to collect data. Total sample was 70. After the sessions, 83% of children experienced less anxiety in experimental group. The obtained 't' value was 15.21 and the mean difference is 2.5 which was highly significant at  $p < 0.001$  level. The findings of the study shows that ITP as an important tool in relieving anxiety presented by hospitalized children subjected to intrusive and stressful procedures.

**Jeffry & Jeffry (2013)** conducted a randomized controlled trial of the effectiveness of a therapeutic play intervention of children 3 -12 years undergoing inpatient elective surgery in kerala. Sample size was 60. Convenience sampling technique was used. The experimental group received one hour therapeutic play intervention along with routine care. The mean post test score was lower than the mean pretest score as the mean difference was 2.5 and the 't' value was 15.21. The reduction in anxiety level in the experimental group was 91% than the control group. Through this study it was clear that play intervention is an effective approach in reduction of anxiety lead to reduction of postoperative pain which will eventually improve the physical and psychological well-being of children.

**Stuffle George (2013)** conducted a study to assess the level of anxiety among hospitalized children in Tehran. A randomized controlled trial method was used in this study between the age group of 3 -12 years. Total sample was 60. In the experimental group, in pretest mean 72.70 and SD was 23.79 whereas in post test mean and SD was  $37.87 \pm 14.708$  respectively. In the control group for Pre test mean is 76.10, and SD was 19.773 respectively. Whereas in post test mean and

SD was  $72.13 \pm 19.233$  respectively. The obtained 't' value 14.015 statistically was significant at 0.000 level. ( $<0.05$ ) So there was significant reduction in the level of anxiety among the children in experimental group. The 't' test which was computed between pre-test and post-test scores indicated that there was a reduction in the level of anxiety among the hospitalized children. Hence it was concluded that play activities was effective method to reduce the anxiety.

**Alkoma W (2012)** a randomized control trial was conducted to assess the effectiveness of play activities to reduce anxiety in Marash University, Melbourne. The mean anxiety scores of children aged 3-12 years in the experimental and control groups are assessed. Sample size was 80. 't'-test showed statistically significant differences between the mean CEMS scores of children aged 3-7 in both groups [ $t(180) = -7.3, p < .001$ ], and of children aged 8-12 in both groups [ $t(120) = -8.1, p < .001$ ]. Children receiving the interventions exhibited less negative emotional behaviour during hospitalization. A mixed between-within-subjects ANOVA was performed on the anxiety scores. The results showed that hospitalized children (both 3-7 and 8-12 age groups) who participated in the interventions experienced significantly lower levels of anxiety than those receiving standard care only. With reference to the guidelines proposed by Cohen, the eta squared indicates a moderate effect size for the interventions on the children's levels of anxiety in both age groups.

**KinjalPatell, Suresh , Ravindra H.N (2012)** conducted a study aimed at to assess the pre test and post test level of anxiety among hospitalized children in selected hospitals at vadadora. The convenience sampling technique was used to select the sample for the study. Data was collected by using a structured anxiety rating score. In experimental post test mean score, 24.87 and SD was 12.408 respectively. The obtained 't' value 14.015 statistically was significant at 0.000 level. So research hypothesis was accepted, in Comparison of mean score of experimental post – test and control post – test that the obtained 't' value is 6.165 statistically

significant ( $< 0.05$ ). The study concluded that children's was anxious in the pre-test and where as in the post-test shows that children's was not anxious or reduced so, it indicates that play activities was effective.

**Pearl Gardiner.H (2012)** an experimental study was conducted to evaluate the effectiveness of stress management in reducing anxiety among nursing students. Comparing mean scores of anxiety before, after and one month after that in the control group was done. The results of this test showed that there was a significant difference between anxiety scores in three phases ( $p = 0.009$ ). The mean scores of anxiety before and after the study had a significant difference based on the paired t-test ( $t = 4.067$ ;  $p = 0.000$ ). In addition, mean scores of anxiety had a significant difference after and one month after the study based on paired t-test ( $t = 2.452$ ;  $p = 0.019$ ). The mean scores of anxiety had been reduced after the intervention. So it is concluded that stress management training program caused reduction in anxiety symptoms in the nursing students.

## **CONCEPTUAL FRAME WORK**

Polit and Hungler stated that the conceptual framework is inter related concepts on abstractions that are assembled together in some rational by virtue of this relevance to a common scheme. It is a device that helps to stimulate research and the extension of knowledge by providing both direction and impetus.

Conceptual frame work helps to express about ideas in more reality, conceptual framework for this study was direction from **WIEDEN BACH'S HELPING ART OF CLINICAL NURSING THEORY (1964)**.

**STEP 1:** Identification of a need for help.

**STEP 2:** Ministration of the help needed.

**STEP 3:** Validation that the need for help was met.

According to Ernestine Widen Bach's, nursing is nurturing and caring for some in a motherly fashion. Nursing is a helping service that is rendered with compassion, skill and understanding to those in need for care and confidence in the area of health.

### **STEP 1: IDENTIFICATION OF A NEED FOR HELP**

According to theorist within the identification component there are four distinct steps. First the nurse observes the subject, looking for an inconsistency between the expected behavior of the subject and the apparent behaviour. Second, subject attempts to clarify what the inconsistency means. Third, subject determines the cause of inconsistency. Finally, subject evaluated with the help that he/she is needed.

In this study, the demographic variables are age, gender, education, history of previous hospitalization, history of previous surgery, order of the child and education of parents. The pre

test assessment was done for hospitalized children using Modified Hamilton Anxiety Rating Scale (HAM-A) for assessing the anxiety level.

## **STEP 2:MINISTRATION OF THE HELP NEEDED**

According to the theorist in ministry of the client, the nurse give advice or information, make referral, apply a comfort measure, or carry out therapeutic procedure. The nurse will need to identify the cause and if necessary make an adjustment in the plan of action.

Administration of help needed, it has two components.

- a) Intervention
- b) Realities

### **a)Intervention**

This refers to an intervention is a directive activity. It specifies both the nature of the action that will most likely lead to f therapy fulfillment of the nurse central purposes and the thinking process that determines it.

In this study the intervention is plan of care to achieve the purpose which includes providing play interventions to reduce the level of anxiety. The duration of play therapy is 30 minutes to one hour.

### **b)Realities**

According to the theorist the realities of the situation in which the nurse is to provide nursing care. Realities consist of all factors physical, psychological, emotional and spiritual that is at play in a situation in which nursing action occurs at any given moment. Wiedenbach's defines the five realities as the agent, the goal, the mean and the framework.



**i) Agent:**

It refers to the agent is the practicing nurse or her delegate is characterized by the personal attributes, capacities and most importantly commitment and competencies in nursing.

In this study the investigator is the agent.

**ii) Recipient:**

This refers to the recipient is the client is characterized by personal attributes, problems, capacities and the most important is the ability to cope with the concerns or problems being experienced.

In this study, recipients are the hospitalized children at the age group of 6-12 years.

**iii) Goal:**

The goal is the desired outcome the nurse wishes to achieve. The goal is the end result to be attained by the nursing action.

In this study, it refers to providing play therapy reduces the level of anxiety among hospitalized children at the age group of 6 -12 years.

**iv)Mean:**

It refers to the means comprise the activities and devices through which the practitioner is enabled to attain her goal. The framework includes skills, techniques, procedures and devices that may be used to facilitate nursing practice.

In this study, it refers to providing play therapy by the researcher for one hour daily

**v)Framework:**

It refers to the framework consists of human, environmental, professional and organizational facilities that not only make up the context within which nursing is practiced but also constitute its currently existing limits.

In this study, it refers to the ShreeSathyaSubha Hospital and Anbu Hospital in Dindigul district.

**STEP 3:VALIDATION THAT NEED FOR HELP WAS MET**

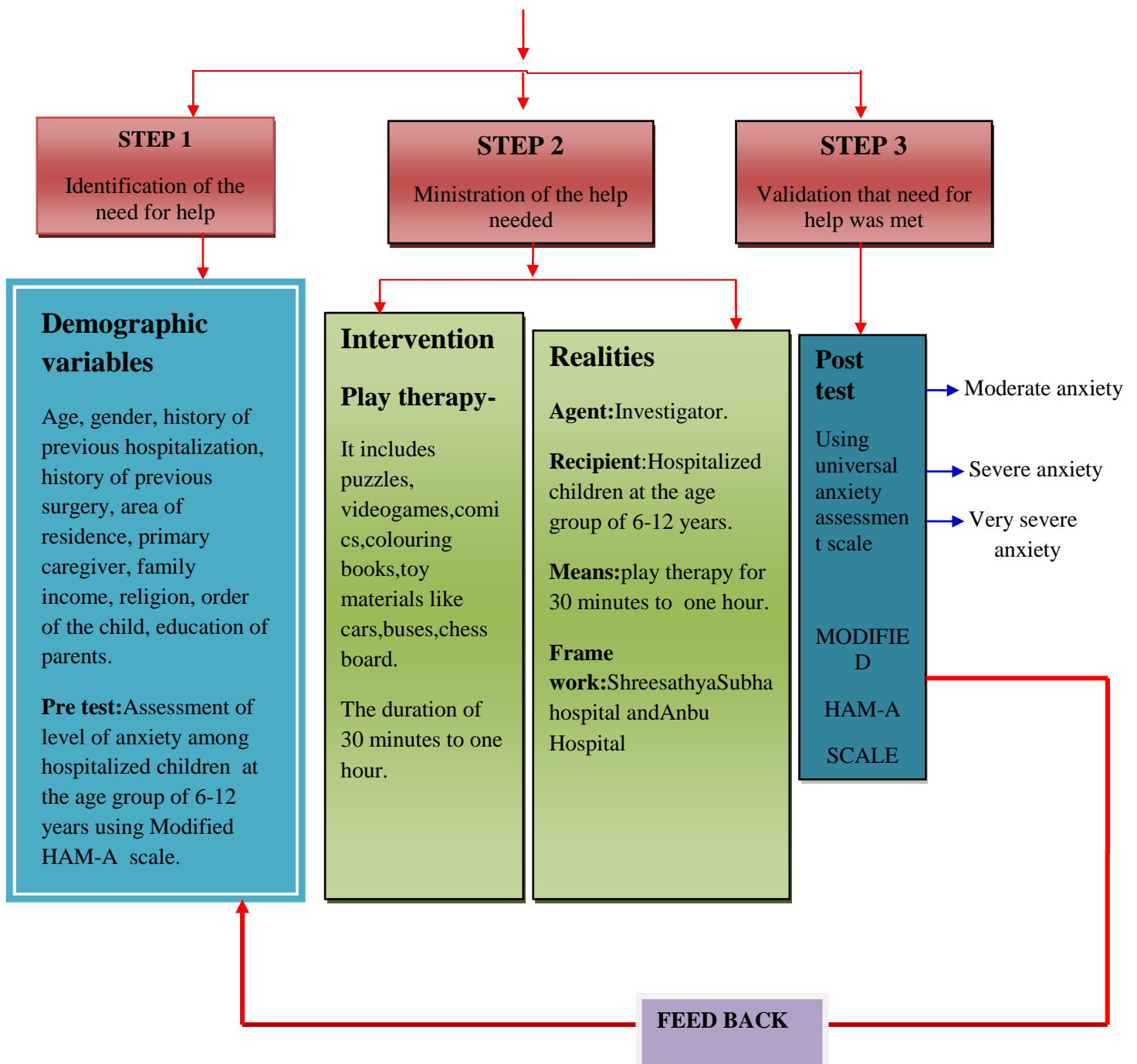
The third component is validation. After the help has been administered, the nurse validates that the action were indeed helpful. Evidence must come from the subject that the purpose of the nursing action has fulfilled.

In this study, the validation need for help was by means of post test assessment of level of reduction of anxiety by using Modified Hamilton Anxiety Rating Scale (HAM-A Scale).

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**Figure-1: Conceptual Framework Model Based On Widen Bach's Helping Art Of Clinical Nursing Theory (1964)**

To reduce the level of anxiety among hospitalized children at the age group of 6-12 years.



# CHAPTER-III

## METHODOLOGY

## **CHAPTER- III**

### **METHODOLOGY**

The methodology of research indicates the general pattern of organizing, the procedure for gathering valid and reliable data for the problem under investigation.

**(Polit and Beck, 2010)**

This chapter deals with the research approach ,research design, variables under the study, setting of the study, population, sample size, sampling techniques, criteria for selection of the sample, description of the tool, development and description of the tool, validity and reliability of the tool, pilot study, procedure for data collection and statistical analysis and protection of human rights.

#### **RESEARCH APPROACH**

The investigator has adopted a evaluative approach because the aim of the investigator is to evaluate the effectiveness of play therapy in reducing the level of anxiety among hospitalised children at the age group of 6 -12 years.

#### **RESEARCH DESIGN**

Research design is the overall plan for obtaining an answer, to the research questions being studied and for handling some of the difficulties encountered during research process for testing the research hypothesis.

**(Polit and Hungler,1999).**

The research design is experimental non -randomized control group pre test post test design is adopted.

Quasi experimental design involves the manipulation of an independent variable that is an intervention. Quasi experimental design lacks randomization, the signature of true experimental design.

**(Polit and Hungler, 1999)**

The design can be represented as:

Study subjects	Pre test	Manipulation	Post test
Experimental group	O <sub>1</sub>	X	O <sub>2</sub>
Control group	O <sub>1</sub>	--	O <sub>2</sub>

**Key:**

E - Experimental group includes hospitalized children at the age group of 6 – 12 years.

X - Play Therapy.

C - Control Group.

O<sub>1</sub>- Pre test level of anxiety among hospitalized children at the age group of 6 – 12 years.

O<sub>2</sub>- Post test level of anxiety among hospitalized children at the age group of 6 – 12 years.

## **VARIABLES OF THE STUDY**

### **INDEPENDENT VARIABLES**

Play Therapy

## **DEPENDENT VARIABLE**

Reducing the level of anxiety among hospitalized children at the age group of 6 -12 years.

## **EXTRANEIOUS VARIABLES**

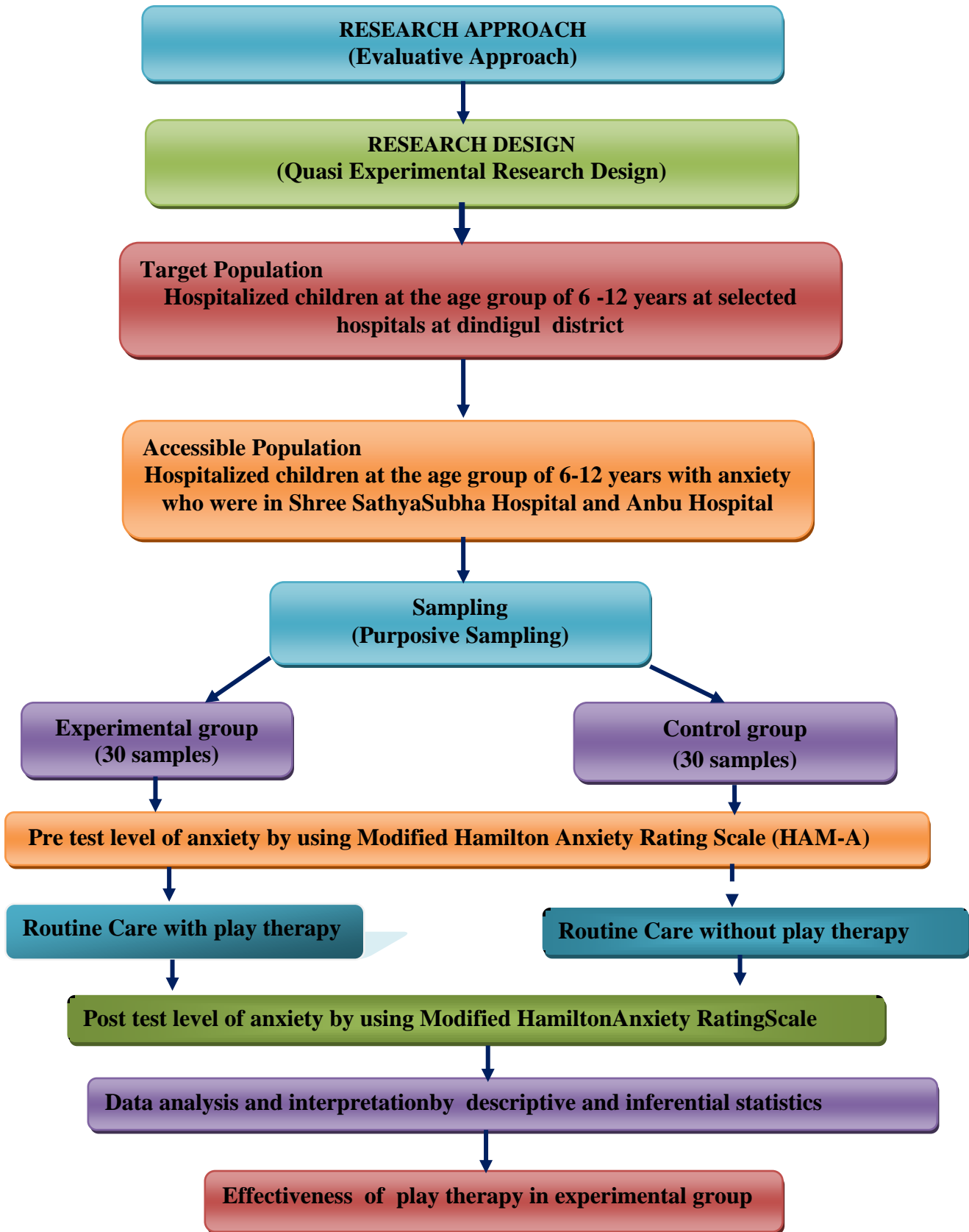
Demographic variables includes Age, Gender, Educational status, History of previous hospitalization, History of surgery, Primary care giver, Area of residence, Religion, Family Income, Order of the child and Education of parents.

## **SETTINGS OF THE STUDY**

Setting is the general location and condition in which data collection takes place for the study. **(Polit and Beck, 2010)**

The study is conducted among hospitalized children in selected hospitals at Dindigul district. Shree Sathya Subha Hospital will be selected for experimental group and Anbu hospital will be selected for control group. Shree Sathya Subha Hospital is situated around 25 km and Anbu Hospital is situated around 20 km from Sakthi college of nursing. The settings of both hospitals are similar in facilities such as rooms, environment, routine care and daily activities.

Figure:2- Schematic Representation of the Research Methodology





## POPULATION OF THE STUDY

The term **population** is used to denote the units under study. It includes all persons, events, objects under study. It is defined in terms of size, structure, time – frame, geography and nature.

**(Polit and Hungler, 1999)**

The **target population** is the group of population that the researcher aims to and to whom the study findings will be generalized. In this study the target population comprises of hospitalized children at the age group of 6-12 years in the selected hospitals at Dindigul district.

The **accessible population** of this study is selected patients of hospitalized children with anxiety at the age group of 6-12 years of age in Shree Sathya Subha Hospital and Anbu Hospital at Dindigul district.

## SAMPLE

Sample is a subset of population element who would actually be recruited for the study and who would participate in the study. This group meets the eligible criteria of the population under study.

**(Polit and Hungler, 1999)**

The hospitalized children, who fulfill the inclusion criteria who were residing at the selected hospitals in Dindigul district.

## SAMPLE SIZE

A subset of population, selected to participate in a study.

**(Polit and Beck, 2010)**

The selected sample size is 60.

- ▶ 30 samples in experimental group.
- ▶ 30 samples in control group.

## **SAMPLING TECHNIQUE**

Sampling is a process of selecting a portion of the population to represent the entire population so that the inferences about the population can be made.

**(Polit and Hungler,1999)**

The sampling technique adopted for the study is Purposive Sampling Technique.

## **CRITERIA FOR SAMPLE SELECTION**

The children who satisfied the following criteria were selected for the study.

### **Inclusion Criteria**

- ▶ between 6-12 years of age.
- ▶ having moderate to severe anxiety level.
- ▶ Children who are able to speak Tamil and English.

### **Exclusion Criteria**

- ▶ Children who are not co-operative to participate in this study.
- ▶ Children who have restrictions to participate in this study.
- ▶ Children who are mentally challenged.
- ▶ Children who are critically ill.

## **DESCRIPTION OF TOOL**

Data collection tools consists of two following sections:

Section – I Demographic variables.

Section – II Modified Hamilton Anxiety Rating Scale(HAM-A) Scale.

## **SECTION I**

### **Demographic variables**

Consists of questions to elicit demographic data such as Age, Gender, Educational status, History of previous hospitalization, History of surgery, Primary care giver, Area of residency, Religion, Family Income, Order of the child and Education of parents.

## **SECTION II**

The Modified Hamilton Anxiety Rating Scale is clinician rating scale that is intended to provide an analysis of the severity of anxiety. It is a five point scale. A rating of '0' indicates no anxiety, '1' indicates Mild anxiety, '2' indicates moderate anxiety, '3' indicates severe anxiety and '4' indicates very severe anxiety.

### **SCORING PROCEDURE**

<b>SCORE</b>	<b>LEVEL OF ANXIETY</b>
<b>0</b>	<b>No Anxiety</b>
<b>1 - 14</b>	<b>Mild Anxiety</b>
<b>15 - 28</b>	<b>Moderate Anxiety</b>
<b>29 - 42</b>	<b>Severe Anxiety</b>
<b>43 - 56</b>	<b>Very Severe Anxiety</b>

### **VALIDITY**

Validity is defined as the degree to which an instrument measures what it is supposed to measure. (Polit and Hungler, 1999)

The validity of the tool obtained from the 5 experts in the field of nursing and medicine. The suggestions given by the experts is considered and duly corrected.

## **RELIABILITY**

Reliability is the degree of consistency or dependability with which instrument measures the attribute is designed to measure. **(Polit and Hungler,1999)**

The ModifiedHamilton Anxiety Rating Scale(HAM-A) was reliable at 0.78.Hence the tool was considered as proceeding.

## **PILOT STUDY**

Pilot study is a small preliminary investigation of the same general character as the major study, which is designed to acquaint the researcher with problems that can be corrected in preparation for the large research projects.**(Polit and Hungler,1999)**

Pilot study was conducted in Sakthi Hospital to find out the feasibility of the study. It was conducted among 6 children,3 in experimental group and 3 in control group. The result of the study showed that the study was feasible.

## **PROCEDURE FOR DATA COLLECTION**

The investigator got formal permission from the college authority, sakthi college of nursing and concerned authority of the selected hospitals.Purposive sampling technique was used for selecting the subjects those who full fill the inclusion criteria.Brief explanation about the purpose of the study was given to Caregiver and subjects.Assurance is given that the data will be utilized only for the purpose of the study. Written consent is obtained from each subject and maintained confidentiality.First investigator established the good rapport and introduced the study topic to the mothers of the children who are admitted. The investigator collected the data regarding demographic variables. Modified Hamilton Anxiety Rating Scale(HAM-A)Scale was used to assess the level of anxiety in experimental group before providing play therapy.Play therapy was given once daily for 30 minutes to one hour to the experimental group and

immediately after the session post test was done to assess the level of anxiety by using Modified Hamilton Anxiety Rating Scale(HAM-A)Scale.Whereas for the control group,only pre test was done and no intervention was given to the subjects.

## **STATISTICAL ANALYSIS**

Collected data were analysed by using descriptive and inferential statistics. The data related to demographic variables were analysed by using descriptive measures (frequency, percentage distribution).Inferential statistics of t- test was used to evaluate the effectiveness of play therapy. Chi-square test was used to associate the level of anxiety among hospitalized children at the age group of 6 -12 years and their selected demographic variables.

## **HUMAN RIGHTS PROTECTION**

Prior to the data collection,written permission was obtained from the Medical Officer of Shree Sathya Subha Hospital and Anbu Hospitals at Dindigul district.Following which concern doctors and staff permission was taken prior to proceed with the conduction of the study.

The purpose and other details of the study were explained to the study subjects and written consent was obtained from the care giver.Assurance was given to all the caregivers about the confidentiality of their response.

# CHAPTER- V

## DISCUSSION

## CHAPTER – V

### DISCUSSION

This study was conducted to evaluate the effectiveness of play therapy among hospitalized children at the age group of 6 -12 years at selected hospitals in Dindigul district.

A purposive sampling technique was used to collect data from the study participants. 60 samples were taken, 30 in experimental and 30 in control group. Pretest and post test was conducted. The Data were collected for a period of six weeks in Shree Sathya Subha Hospital and Anbu Hospital at Dindigul district.

The discussion was based on the objectives specified in this study.

**The first objective was to assess the pre and post test level of anxiety among hospitalized children at the age group of 6-12 years in the control and experimental group.**

Findings of pre test level of anxiety in control group 17(56.7%) subjects had moderate anxiety, 11(36.7%) experienced severe anxiety, 2(6.6%) demonstrated very severe anxiety in pre test and 21(70%) shown moderate anxiety, 6(20%) expressed severe anxiety and 3(10%) demonstrated very severe anxiety in the post test. In experimental group, 18(60%) experienced moderate anxiety, 9(30%) had severe anxiety, 3(10%) expressed very severe anxiety whereas in post test 14(46.7%) had mild anxiety and 16(53.3%) revealed moderate anxiety.

The above findings are consistent with the findings of **Kinjal Patell, Suresh & Ravindra (2011)** conducted a study to assess the effectiveness of play therapy among hospitalized children. Convenience sampling technique was used play therapy was given for seven days to the experimental group. The post test mean score was 24.87 and the obtained 't' value was 14.015 which was significant at  $p < 0.000$  level. In the experimental group 88% of children demonstrated

less anxiety when compared to control group. Hence the study concluded that play therapy was effective in reducing the level of anxiety among hospitalized children at the age group of 6 -12 years.

**The second objective was to evaluate the effectiveness of play therapy in reducing anxiety among hospitalized children at the age group of 6-12 years in the experimental group.**

The calculated 't' value in the experimental group were 8.79 which was statistically highly significant at  $p < 0.001$  level which clearly shows that there was a significant decrease in anxiety level among hospitalized children after play therapy. The obtained 't' value between control and experimental group is 6.89 which was highly significant at  $p < 0.001$  level. These findings revealed that the subjects in the experimental group experienced decreased level of anxiety after play therapy compared to control group. Thus play therapy was an effective intervention to reduce anxiety among hospitalized children.

The above findings are consistent with the findings of **Kulkarni.R. et al(2013)** conducted a study to evaluate the effectiveness of play activities to reduce anxiety. 60 children between the age group of 3 -12 years were selected and they were randomly divided into experimental and control group. In experimental group, play activities are provided along with their routine care for. Anxiety level was assessed before and play interventions by using CEMS scale. Data analysis revealed a meaningful difference between mean score of anxiety before and after the play activities in intervention group. 91% of children expressed reduction in anxiety level than the control group. The result showed that play activity was effective in reducing anxiety.

**The third objective was to find out the association between the pretest level of anxiety among hospitalized children at the age group of 6-12 years and their selected demographic variables in control and experimental group.**



There was no association between the level of anxiety and their selected demographic variables in the control group. Whereas there is a significant association between the anxiety and religion as the p-value was 0.025 which is statistically significant at  $p < 0.05$  level. The study reveals that the children belongs to hindu religion experienced severe anxiety 8 (26.7%), muslims 2 (6.7%) experienced very severe anxiety and christians 4 (13.3%) experienced moderate anxiety.

There was no association between the level of anxiety and their selected demographic variables in the experimental group. Whereas there was a significant association between the anxiety and education of parents as the p-value was 0.022 which was statistically significant at  $p < 0.05$  level. The study reveals that the children belongs to parents who are Illiterate experienced severe anxiety (13.3%) when compared to other group.

The above findings are consistent with the findings of **Felson D.P** conducted a study to findout the association between the socioeconomic status and the anxiety level among hospitalized children. 80 samples were selected and the collected data shows that the mean age was 65.9 (SD 8.7), 59% were female and rest were males. Analysis demonstrated statistically significant association between children of higher socioeconomic status experienced severe anxiety when compared with low socioeconomic status. The result of the study shows that play therapy was an effective approach in reducing anxiety among hospitalized children.

**CHAPTER- VI**

**SUMMARY AND**

**RECOMMENDATIONS**

## **CHAPTER-VI**

### **SUMMARY AND RECOMMENDATIONS**

This chapter gives brief account of the present study along with the conclusion drawn from the findings, recommendation, implication, conclusion, suggestions for further studies and nursing implications.

#### **SUMMARY OF THE STUDY**

The focus of the present study was to evaluate the effectiveness of play therapy in reducing the level of anxiety among hospitalized children at the age group of 6-12 years at selected hospitals in Dindigul district.

#### **OBJECTIVES OF THE STUDY**

- ❖ To assess the pre and post test level of anxiety at the age group of 6-12 years among hospitalized children in control and experimental group.
- ❖ To evaluate the effectiveness of play therapy among hospitalized children at the age group of 6-12 years in experimental group.
- ❖ To find out association the between the pre test level of anxiety among hospitalized children at the age group of 6-12 years and their selected variables in control and experimental group.

The researcher adopted a quasi-experimental pretest – post test design for the study. The setting of the study was Shree SathyaSubha Hospital and Anbu Hospital at Dindigul district. The population included the hospitalized children at the age group of 6 – 12 years. The sample comprised of 60 children who fulfilled the inclusive criteria – 30 for the experimental group and

30 for the control group. The investigator used purposive sampling technique to select the samples.

The structured interview schedule was used to collect the demographic data of the study participants. Modified Hamilton Anxiety Rating Scale (HAM-A) was used to assess the level of anxiety. Content validity of the tool was obtained from 2 medical experts and 5 nursing experts. The tool was modified and finalized. The pilot was conducted at Sakthi Hospital at Oddanchatram. The tool was found to be practicable and feasible. The tool was reliable at 0.78 which found to be highly reliable. Hence the tool was finalized to proceed with the main study.

The ethical aspects of the study was maintained throughout the study by getting formal permission from the respective authorities and informed written consent from the caregivers of the subjects. The information collected from the caregivers were kept confidential and it was used only for the research purpose. The pre test was conducted for the experimental group and control group. The subjects of the experimental group were given play therapy for 30 minutes to one hour and immediately post test was done to the experimental group. Whereas for the control group only post test was done without play therapy. The data collected was analysed using descriptive and inferential statistics. Interpretation and discussion was done based on the objectives of the study and hypothesis formulated.

### **MAJOR FINDINGS OF THE STUDY:**

With regard to **age**, 10(33.3%) in control group and 9(30%) in experimental group belongs to the age group of 6 -8 years. Whereas 10(33.4%) in control group and 11(36.7%) in experimental group are at the age between 9 -10 years and 10 (33.3%) in control group and 10(33.3%) in experimental group are at the age group of 11-12 years.

Considering the **gender**, 16(53.3%) were males in both control and experimental group and 14(46.7%) were females in both control and experimental group.

With respect to the **education**,11(36.7%) in control group and 10(33.3%) in experimental group were studying 1 -3<sup>rd</sup>std and 6 -7<sup>th</sup>std whereas 8(26.6%) in control group and 10(33.3%) in experimental group are studying 4 – 5<sup>th</sup> std.

In relation to **history of previous hospitalization**, 15(50%) in control group and 16(53.3%) in experimental group had previous hospitalization while 15(50%) in control group and 14(46.7%) in experimental group had not previously hospitalized.

Regarding the **history of surgery**,23(76.7%) in control group and 25(83.3%) in experimental group had no history of surgery.

In relation to **primary caregiver**, majority of the primary caregiver are mother (83.3%) in control group and 73.3% in experimental group.

With respect to **religion**,14(46.7%) in control group are muslims whereas 17(56.7%) in experimental group belongs to hindu religion.

With regard to **area of residency**,17(56.7%) in control group and 16(53.3%) in experimental group are living in urban area while 13(43.3%) in control group and 14(46.7%) in experimental group belongs to rural area.

Considering about the **monthly income**,23(76.7%) in control group and 19(63.3%) in experimental group earns Rs.5000 -10,000 per month. Whereas 5 (16.6%) in control group and 7(23.3%) in experimental group earning Rs.10,000 and above.

In relation to the **order of the child**,11(36.7%) are first born in their family in both control and experimental group. majority of the children are second born in the family ie.,10(33.3%) in control group and 12(40%) in experimental group.

With respect to **education of parents**, in control group, 11(36.7%) completed secondary education and in experimental group,11 (36.7%) completed elementary education. Illiterates are

about 10% in control group and 13.3% in experimental group whereas 3 (10%) in control group and 7 (23.3%) in experimental group were graduated.

Findings shows that in control group 17(56.7%) subjects experienced moderate anxiety, 11(36.7%) had severe anxiety, 2(6.6%) demonstrates very severe anxiety in pre test and 21(70%) shown moderate anxiety, 6(20%) experienced severe anxiety and 3(10%) expressed very severe anxiety in the post test. In experimental group, 18(60%) had moderate anxiety, 9(30%) shown severe anxiety, 3(10%) expressed very severe anxiety whereas in post test 14(46.7%) had mild anxiety and 16(53.3%) demonstrated moderate anxiety.

The calculated 't' value in the experimental group were 8.79 which was statistically highly significant at  $p < 0.001$  level which clearly shows that there was a significant reduction in anxiety level among hospitalized children after play therapy. It is inferred that the play therapy was effective in reducing the level of anxiety among hospitalized children at the age group of 6 -12 years.

The obtained 't' value between control and experimental group is 6.89 which was highly significant at  $p < 0.001$  level. These findings revealed that the subjects in the experimental group had decreased level of anxiety after play therapy compared to control group. Thus the study suggested that the play therapy was an effective playing intervention to reduce the level of anxiety among hospitalized children at the age group of 6 -12 years.

There was a significant association between the demographic variable, religion and the level of anxiety in the control group at  $p < 0.05$  level. Whereas there is no significant association with other selected demographic variables.

There was a significant association between the education of parents and the level of anxiety at  $p < 0.05$  level among hospitalized children in the experimental group, whereas there is no significant difference with other selected demographic variables.

The findings of the present study clearly states that the play therapy was effective in reducing the level of anxiety among hospitalized children at the age group of 6-12 years.

## **IMPLICATIONS**

The findings of the study has several implications in following field. It can be discussed in four areas namely Nursing practice, Nursing administration, Nursing education and Nursing research.

### **Nursing practice**

- These results will help the nursing personnel to assess the anxiety level among hospitalized children.
- It will indicate the necessity of using play as diversion and helping the child cope up so that the memory of hospitalization will be a pleasant one.
- Nursing personnel can include play therapy in reducing anxiety in practice set up, thereby increasing the nursing practice based on evidence.

### **Nursing Administration**

- The nurse administrator can organize and conduct various continuing education and in service programmes regarding assessment of anxiety and play therapy among hospitalized children.
- It helps to provide adequate play materials for giving play therapy.
- Nurse administrator can arrange seminars and workshops to educate the learners and staff nurse regarding the importance of play therapy.
- Nurse administrator can take part in developing protocols related to play therapy.

## **Nursing education**

- Several implications can be drawn from the present study for nursing education.
- This study will help the nursing students to acquire knowledge regarding assessment of anxiety for children who are hospitalized.

## **Nursing research**

- This study motivates nursing personnel to do further studies related to this field.
- Research can be conducted to find out of play therapy for other age groups like toddler, preschooler etc.

## **LIMITATIONS**

- The study is conducted only on children between 6-12 years.
- Relatively small sample size.
- The study is conducted only at selected hospitals.

## **RECOMMENDATIONS**

- The study can be replicated on a larger sample to generalize the results.
- The study can be done following a particular type of surgery, invasive procedures.
- The study can be done to find out which kind of play material is more effective to reduce the anxiety.
- The study can be done by increasing the duration of play more than one hour to find out the effect of reduction of anxiety.



# REFERENCES

## BIBLIOGRAPHY

### BOOK REFERENCES

1. Brockop Y. Dorothy, Hastings A. Marie and Tolsma., (2003) “**Fundamentals Of Nursing Research**”, 3<sup>rd</sup> edition , Jones and Bartlett Publishers, USA, p - 105 – 111.
2. Basvanthappa B (2007),”**Nursing Research Principles And Methods**” ,5<sup>th</sup> edition, New Delhi, Jaypee brothers,p-134 -137.
3. Boeden, H.W, (2004) “**Basic Paediatric Nursing**”, 3<sup>rd</sup> Edition , Missouri Mosby Publication, p – 1204-12
4. Boucher S, Downing J, Shemilt R (2014).” **The role of play in children’s palliative care & Children**”, Elseivers publications,p-302–317.
5. Dell Clark C.(2003),” **In sickness and in play: children coping with chronic illness**” New Brunswick, New Jersey, London: Rutgers University Press,p-1024-1026.
6. Eisenberg, D.M., Davis R.B, Ettner, S.L.,et al .,(1998), “**Psychological Aspects In Care Of children**”, 3<sup>rd</sup> edition, Saunders Publication,p-280- 284.
7. Elakkuvana bhaskara Raj,(2011), “ **Nursing Theories (A practical view)**”,1<sup>st</sup> Edition, New Delhi, Jaypee Brothers Medical Publishers (P) Ltd.P.No-120-132.
8. Frazers.P.,(2005), “**A Text Book of Paediatric Nursing**” ,1<sup>st</sup> Edition, Modern Publishers, New Delhi, p -28-79
9. Gurumani.N, (2005) , “**An Introduction To Biostatistics**”, 2<sup>nd</sup> edition, MJP publication, New Delhi, p – 211 – 213, 347 – 369.
10. Hungler P . & Polit,(1995), “**Nursing Research Principles And Methods**” , 5<sup>th</sup> edition,Lippincott Company Publications,p-204-206.
11. John Ebenezer, (2000), “**Text Book of Paediatrics**”, 2<sup>nd</sup> edition ,Jaypee brothers , New Delhi, p- 393-400.
12. Jarrell Stephen ,B., (1994), “**Basic Statistics**” ,1<sup>st</sup> edition, W.M.C Brown publishers,p-108-141.
13. Judy R Web,(1999),“**Cinical Paediatrics** ” , 7<sup>th</sup> Edition, Elseiver publication, New Delhi, p- 173-181.

14. Kozier.B,et.al.,(1991)., **“Fundamental of Nursing Concepts, Process and Practice”** , 4<sup>th</sup> Edition ,Wesley Publications California, p -701- 708.
15. Mac Lellan.K, (2006), **“Management of Anxiety”**, United Kingdom ,Nelson Publishers, London, p -451-458.
16. Manfred Stommel and Celia .E.Wills, (2004), **“Clinical Research”**,1<sup>st</sup> Edition, Lippincott williams and wilkins, USA, p-243-250.
17. Prabhakara, G.N, (2006), **“Biostatistics”** , 1<sup>st</sup> Edition, New Delhi, Jaypee Brothers, Medical Publishers (P) Ltd., p -39-53.
18. Parul Dutta.,(2010), **“Text book of Paediatric Nursing”** , 7<sup>th</sup> edition , Vora Publication, p – 693-702.
19. Potter & Perry, (2009), **“Basic Nursing Theory and Practice”**,9<sup>th</sup> Edition, Mosby Publication, USA, p - 1693-1702.
20. Polit .F. Denise and Cheryl Tatano Beck.,(2008), **“Nursing Research”** ,5<sup>th</sup> Edition, New Delhi, Wolters Kluwers publication ,India, pvt Ltd, p -507- 583.
21. Reginster,J.Y, (2001), **“Therapeutic Approach In Medicine”**,6<sup>th</sup> Edition, Modern publishers, New Delhi, p-251-256.
22. Rimple Sharma , (2013) , **“Essentials Of Paediatric Nursing”** , 4<sup>th</sup> Edition, Jaypee publication, New Delhi, p-627-628.
23. Sharaf.P , BalwaniJ.H , (2000), **“Principles And Practice Of Child Health Nursing”** , p-601-608.
24. Vicker.A. & Zollman.C, (1999), **“ABC of Complementary Medicine And Therapies”**, BMJ 319, P-15-54-1258.

## **JOURNAL REFERENCES**

- 1.Alkoma.et al, (2011) ,“Prevalence of Anxiety in children” , Indian Journal of child health medicine,vol.5 ,P.No.50-52.

2.Allen .K. White, and Dus K.M , Giulia, (2008), “Play Therapy & Research” , Volume 59, Issue 10, pages 1488–1494.

3. Ashok Sharma, (2011), “Effectiveness Of Play Therapy”. The American Journal of Medicine, Volume -2, 423(5): 456-72.

4. Bhatia D,et.al, (2013), “Current interventions of hospitalized care in children”. Journal of pharm Bio allied science. 5(1) 30- 35.

5. Basheer, (2001),“childhood anxiety and management” .Nursing times of India, 91-95.

6. Cohen .M, Mai .T, (2006), “hospitalized children suffering from cancer” .Journal of Alternative and Complementary Medicine ,23(3):567-588.

7 .Ingalls, Salerno, Maternal and child health nursing, 9<sup>th</sup> edition, Newyork: mosby; 1999.

8. Salder C, child’s play nurses times, 1990; 86 (11); 16-17.

9. Saucier Bl.. Play activities a nursing intervention. Advanced clinical care, 1989; 22-23.

10. Ziegler Debbie michelle, preparation for surgery and adjustment to hospitalization, Nurses clinician of North America. 1994; 29 (4); 655-59.

11 .Jones S M, Fiser H.D, Living stone R. L, Behaviour changes in paediatrics intensive care units. American Journal of disease children. 1992; 146 ; 375-379.

12. Stuber M.L. Nader K.D.S.W, Yasuda P, Pynoos R.S, Cohen S,(2000)” Stress response after paediatric bone marrow transplantation”, preliminary results of a prospective longitudinal study, Journal of American academy of child – Adolescent psychiatry ; 30 (6) : 952-957.

13. Katz K. Fogelman R, Attias J, Baron E, Soudry M.(2001) “Anxiety reaction in children during removal of their plaster cast”,. Journal of bone joint surgery. p- 388-390.

14. Zinger Debbie Michelle,(1998)” Preparation for surgery and adjustment to hospitalization. Nurse clinician or North America”, American journal of Nursing, 29 (4) ; 655 – 59.

15. Bonnie N (2000),” The effectiveness of play therapy on development achievement of abused children”, IPT journal, 14 (2) ; 6-8.

16. Couch Promoting Play activities. IPT journal 1999; 347 – 349.

17. Gillis Research and practices/association for Play activities – Canadian Journal of Play activities. 1999 ; 9 (2) ; 39-43.

18. Thampy, (2001) “ the effect of the use of therapeutic play”, British Journal of Nursing, 21(4) : 222-9.

19. Gills Angela J(2001),” The effect of play on immobilized children in hospital”, Indian journal of Nurses studies, 89 : 261 – 269.

20. Li WH, Chung JO, Ho EK, ”.(2011), The effectiveness of therapeutic play, using virtual reality computer games, in promoting the psychological well-being of children hospitalized with cancer”, Journal of Clinical Nursing,20(15-16):2135–2145.

21. Li HCW, Lopez V,(2013),” Effectiveness and Appropriateness of Therapeutic Play Intervention in Preparing Children for Surgery”, A Randomized Controlled Trial Study, Journal for Specialists in Pediatric Nursing,13(2):63–73.

## NET REFERENCES

1. <http://www.playtherapy.org/media/newsroom/media-kits>.
2. <http://Anxiety.journals.org/content>.
3. <http://www.ispub.com/journal/theinternetjournalofpaediatric>.
4. <http://ard.bmj.com/content>. full.
5. <http://www.024zonejun.ca/resource/medicalstudies>.
6. <Http://www.aurvedictalk.com/page/2>.
7. <http://www.nlm.nih.gov/medlineplus/drugsinfo>.
8. <http://www.medindia.net>.
9. <http://www.sjph.net.sd/files/vol4i4/SJPH-vol>.
10. <http://ije.oxfordjournals.org/content/32/6/978>.
11. <http://xayings.com/kq/groups/5593953/2025689184/morbidity>.
12. <http://www.childclinic.com/health/playactivity>.
13. [http://www.Anxiety – treatment- advice.com](http://www.Anxiety-treatment-advice.com).
14. [http://www.Quotes on play](http://www.Quotesonplay).
15. [http://www.Onlinelibrary wiley.com](http://www.Onlinelibrary.wiley.com).

# APPENDICES



## APPENDIX – I

### Letter – I : Letter Seeking permission to conduct the study



## SAKTHI COLLEGE OF NURSING

(Approved by Govt. of Tamilnadu, Recognised by INC, TNC & Affiliated to Dr. M.G.R. Medical University)

Sakthi Nagar, Dindigul - Palani Main Road,  
Palakkanuthu - (Po.),  
Oddanchatram - 624 619.  
Dindigul (Dt.), Tamilnadu.

Phone : 0451 - 2050272  
Mobile : 97509 56810  
Fax : 0451-2554317  
E-mail : sakthinursingcollege@gr

### PERMISSION LETTER

From

The Principal,  
Sakthi College of Nursing,  
Oddanchatram, Dindigul (Dt)

To

*Managing Director,  
Anbu Hospital,  
Dindigul*

Respected Sir / Madam,

Sub.: Request for permission to conduct research study – reg.

MS. MATHIVADHANI .R is a bonafide M.Sc., Nursing student studying in our college. As a partial fulfillment of The Tamilnadu Dr. MGR Medical University requirement for the award of the M.Sc., Nursing Degree, she is undertaking ("A STUDY TO ASSESS THE EFFECTIVENESS OF PLAY THERAPY IN REDUCING ANXIETY LEVEL AMONG HOSPITALIZED CHILDREN IN DINDIGUL DISTRICT"), she has identified your centre as the best place to conduct the study.

Further details of the proposed project will be furnished by the student personally. She will not hinder your routine in any way and she will abide to the rules and regulations of the institution. All the information collected from institution will be kept confidential.

I kindly request you to grant her permission to conduct the study at your esteemed institution.

Thanking you,

Date: *14-7-16*

Place: *Dindigul*

yours sincerely,

*[Signature]*  
PRINCIPAL  
Sakthi College of Nursing  
Sakthi Nagar, Palakkanuthu  
Dindigul - (Dist)  
624 624

*[Signature]*  
ANBU HOSPITAL  
P. SURESHKUMAR D.D. (Genl)  
S. SHANMUGAVALLI M.D. (Genl)

## Letter – II : Letter Seeking permission to conduct the study



### SAKTHI COLLEGE OF NURSING

(Approved by Govt. of Tamilnadu, Recognised by INC, TNC & Affiliated to Dr. M.G.R. Medical University)

Sakthi Nagar, Dindigul - Palani Main Road,  
Palakkanuthu - (Po.),  
Oddanchatram - 624 619,  
Dindigul (Dt.), Tamilnadu.

Phone : 0451 - 2050272  
Mobile : 97509 56810  
Fax : 0451-2554317  
E-mail : sakthinursingcollege@gmail.com

#### PERMISSION LETTER

From

The Principal,  
Sakthi College of Nursing,  
Oddanchatram, Dindigul (Dt)

To

*The Chief Medical Officer,  
Shree Sathya Subha Hospital,  
Dindigul.*

Respected Sir / Madam,

Sub.: Request for permission to conduct research study - reg.

MS. MATHIVADHANI .R is a bonafide M.Sc., Nursing student studying in our college. As a partial fulfilment of The Tamilnadu Dr. MGR Medical University requirement for the award of the M.Sc., Nursing Degree, she is undertaking ("A STUDY TO ASSESS THE EFFECTIVENESS OF PLAY THERAPY IN REDUCING ANXIETY LEVEL AMONG HOSPITALIZED CHILDREN IN DINDIGUL DISTRICT"), she has identified your centre as the best place to conduct the study.

Further details of the proposed project will be furnished by the student personally. She will not hinder your routine in any way and she will abide to the rules and regulations of the Institution. All the information collected from Institution will be kept confidential.

I kindly request you to grant her permission to conduct the study at your esteemed Institution.

Thanking you,

yours sincerely,

Date : 18/2/16.

Place :

*Dindigul*  
Dr. T. SURESH BACHELOR M.S., M.Ch.,  
General Surgeon, Paediatric Surgeon  
Endoscopic / Laparoscopic Surgeon  
Shree Sathya Subha Hospital  
53, New Agraham, Palani Road, Dindigul.

*[Signature]*  
PRINCIPAL  
Sakthi College of Nursing  
Sakthi Nagar, Palakkanuthu  
Dindigul - (Dist)  
624 619

## APPENDIX-II

### LETTER SEEKING EXPERT OPINION AND CONTENT VALIDITY

From

Ms.Mathivadhani.R,  
M.Sc (Nursing) II Year,  
Sakthi college of Nursing,  
Oddanchatram, Dindigul.

To

Respected Madam/Sir,

Sub: Requisition for expert opinion and content validity regarding.

I am a M.Sc.(Nursing) II year student of Sakthi College of Nursing, Oddanchatram,Dindigul, under Dr. M.G.R. Medical university. As a partial fulfillment of my M.Sc. (Nursing) degree program, I am conducting a research study on **“A study to evaluate the effectiveness of play therapy in reducing the level of anxiety among hospitalized children at the age group of 6-12 years at selected hospital, in Dindigul district”**.

I am sending the tool for content validity and for your expert & valuable opinion. I will be very thankful if you return it at the earliest. Here with I have enclosed the necessary documents.

Thanking you,

Yours sincerely,

Enclosure:

(Mathivadhani.R)

1. Statement of the problem & objectives of the study.
2. Tool for data collection.
3. Brief note on the research methodology and intervention tool.
4. Certificate of content validity.

## **APPENDIX-III**

### **CERTIFICATE OF CONTENT VALIDITY**

### **TO WHOM SO EVER IT MAY CONCERN**

This is to certify that the tool prepared by Ms. Mathivadhani.R, MSc(N) II Year student of Sakthi College of Nursing for the conduction of the research study on **“A study to evaluate the effectiveness of play therapy in reducing the level of anxiety among hospitalized children at the age group of 6-12 years at selected hospital, in Dindigul district”** is valid. She can proceed in conducting data collection.

Signature

Place:

Date:

## **APPENDIX-IV**

### **LIST OF EXPERTS**

1. **Dr.P.SureshBabu M.S.,M.ch.,**  
Consultant Paediatric Surgeon,  
Shree SathyaSubha hospital, Dindigul.
2. **Dr.T.SureshKumar.,MD.,(Paediatrics)**  
Consultant Paediatrician,  
Anbu Hospital,  
Dindigul.
3. **Prof. ArockiyaMary,M.Sc(N),**  
Department of Child Health nursing,  
Christian Fellowship college of nursing,  
Ambligai.
4. **Prof. Sumathi,M.Sc(N),**  
Department of Child Health nursing,  
Sacred Heart college of nursing,  
Manamadurai.
5. **Prof.Helan, M.Sc(N),**  
Department of Child Health nursing,  
Madha College of Nursing,  
Sivagangai.
6. **Prof.HanikaSilviyaJeager, M.Sc(N),**  
Department of Child Health nursing,  
Konagarnadu College of Nursing,  
Kunbakonam.
7. **Mr.ManiM.Sc,M.Phil,**  
Statistician,  
Madurai.

## **APPENDIX – V**

## RESEARCH CONSENT FORM

Dear Participants,

I am Mathivadhani. R, M.Sc(N) II Year Nursing student of Sakthi College of Nursing, Oddanchatram. As a part of my study, a research on “Effectiveness of Play therapy in reducing the level of anxiety among the hospitalized children at the age group of 6 -12 years at selected hospitals in Dindigul district” is to be conducted. The study will be helpful in reducing anxiety level among hospitalized children.

I hereby seek your consent and co- operation to participate in the study. Please be frank and honest in your responses. The information collection will be kept confidential and anonymity will be maintained.

Thanking you,

Signature of the researcher

I.....here by consent to participate and undergo the study.

Place:

Date:

Signature of the Participant

## கருவிஎண் - 5

### ஆய்வில் பங்குகொள்ளஒப்புதல் படிவம் அன்பார்ந்தபங்களிப்போர்களே

செல்வி ர. மதிவதனிஆகியநான் சக்திசெவிலியர் கல்லூரியில் செவிலியர் பயிற்சியில் முதுகலைப்பட்டம் பெறுவதற்குபயிற்சியின் ஒருபகுதியாகவிளையாட்டுபயிற்சிகொடுப்பதன் மூலம் மருத்துவமனையில் அனுமதிக்கப்படும் 6-12 வயதுள்ளகுழந்தைகளுக்கு ஏற்படும் பதட்டஉணர்வைகுறைப்பதுக் குறித்துஆய்வுசெய்கிறேன்.

இதனால் இந்தஆராய்ச்சியில் நீங்கள் பங்குபெறஉங்களுடையஒப்புதல் மற்றும் ஒத்துழைப்பையும் வேண்டுகிறேன். மேலும் உங்களுடையபதில்கள் வெளிப்படையாகவும்,உண்மையாகவும் இருக்கவேண்டும். உங்களுடையகுறிப்புகள் இரகசியமாகவைக்கப்படும் மற்றும் உங்களுடையபெயர் வேறுஎங்கும் வெளிப்படமாட்டாது.

ஆராய்ச்சியாளரின் கையொப்பம்

..... என்றநான் இந்தஆராய்ச்சியில் பங்குபெறஒப்புதல் அளிக்கிறேன்.

பங்குபெறுவோரின் கையொப்பம்

## **APPENDIX –VI**

### **CERTIFICATE OF ENGLISH EDITING**

#### **TO WHOM SO EVER IT MAY CONCERN**

This is to certify that the dissertation “A study to evaluate the effectiveness of play therapy in reducing the level of anxiety among hospitalized children at the age group of 6 -12 years at selected hospitals in Dindigul district” by **Ms.Mathivadhani.R,M.Sc(N)** – II year student of Sakthi College Of Nursing was edited for English appropriateness by **Ms.Narmatha Devi,M.A.,M.Ed.,M.Phil.,Assistant Professor,HOD** of English department working in Sakthi College Of Arts and Science.

**Signature**

**Place:**

**Date:**



## **APPENDIX –VII**

### **CERTIFICATE OF TAMIL EDITING**

#### **TO WHOM SO EVER IT MAY CONCERN**

This is to certify that the dissertation “A study to evaluate the effectiveness of play therapy in reducing the level of anxiety among hospitalized children at the group of 6 -12 years at selected hospitals in Dindigul district” by **Ms.Mathivadhani.R**,M.Sc(N) – II year student of Sakthi College Of Nursing was edited for Tamil appropriateness by **Mrs.Rathi Devi,M.A.,M.A.,M.Phil.,Ph.D., Associate Professor,HOD** of Tamil department working in Sakthi College Of Arts and Science.

**Signature**

**Place:**

**Date:**

## **APPENDIX -VIII**

### **SECTION- I:DEMOGRAPHIC VARIABLES**

#### **Instructions to the participants:**

This section consists of personal information and you are requested to answer the questions correctly. The information collected from you will be confidential.

**Sample No:**

**1)Age (in years)**

( )

- a) 6-8
- b) 9-10
- c) 11-12

**2) Gender**

( )

- a) Male
- b) Female

**3) Educational status**

( )

- a) 1-3<sup>rd</sup>std
- b) 4-5<sup>th</sup>std
- c) 6-7<sup>th</sup>std

**4) History of previous hospitalization**

( )

- a) Yes

b) No

**5) History of surgery** ( )

a) Yes

b) No

**6) Primary care giver** ( )

a)Mother

b)Others

**7) Religion** ( )

a)Hindu

b)muslim

c)Christian

d)Others

**8) Area of residency** ( )

a)urban

b)rural

**9) Family Income** ( )

a) < 2,000

b) 2,000 -5,000

c) 5,000 -10,000

d) >10,000

**10) Order of the child** ( )

a) 1

b) 2

c) 3

d) 4 & above

**11)Education of Parents** ( )

a) Illiterate

b) Elementary

c) Secondary

d) Higher Secondary

e) Degree

கருவி எண் - 8

பிரிவு -அ

தனிநபர் விபரம்

இந்தபகுதியில் உங்களைப் பற்றியசொந்தவிபரங்கள் கொடுக்கப்பட்டுள்ளது.  
இதற்குதகுதியானவிடையளிக்குமாறுகேட்டுக் கொள்ளப்படும்.

1. வயது (வருடங்களில் )

( )

அ) 6-8

ஆ) 9-10

இ) 11-12

2. குழந்தையின் பாலினம்

( )

அ) ஆண்

ஆ) பெண்

3. குழந்தையின் கல்வித் தகுதி ஆம் வகுப்பு

( )

அ) 1-3-ஆம் வகுப்பு

ஆ) 4-5 ஆம் வகுப்பு

இ) 6-7 ஆம் வகுப்பு

4. இதற்குமுன்புமருத்துவமனையில் அனுமதிக்கப்பட்டிருக்கிறீர்களா?

அ) ஆம்

( )

ஆ) இல்லை

5. இதற்குமுன்புஉங்களுக்கு அறுவைசிகிச்சைசெய்ததுண்டா? ( )

அ) ஆம்

ஆ) இல்லை

6. குழந்தையின் மீதுகவனம் அளிப்பவர் ( )

அ) அம்மா

ஆ) மற்றவர்

7. மதம் ( )

அ) இந்து

ஆ) முஸ்லீம்

ஈ) கிறிஸ்துவர்

உ) மற்றவர்

8. இருப்பிடம் ( )

அ) நகரம்

ஆ) கிராமம்

9. குடும்பமாதவருமானம் ( )

அ) <2000

ஆ) 2000- 50000

இ) 5000 – 10000

ஈ) >10000

10. பிறப்புவிசைமுறை ( )

அ) முதல்

ஆ) இரண்டு

இ) மூன்று

ஈ) நான்குமற்றும் அதற்குமேல்

## 11. பெற்றோரின் கல்வித் தகுதி

( )

அ) படிக்காதவர்

ஆ) தொடக்கநிலைக்கல்விகற்றவர்

இ) நடுநிலைக் கல்விகற்றவர்

ஈ) மேல்நிலைக் கல்விகற்றவர்

உ) பட்டதாரி

## SECTION-II

### MODIFIED HAMILTON ANXIETY RATING SCALE (HAM-A)

Rate the patients by finding by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five response for each of the fourteen questions.

Items	Not present	Mild	Moderate	Severe	Very severe
<b>1.Anxious mood</b> Worries, anticipation of the worst, fearful anticipation,irritability.					
<b>2.Tension</b> Feelings of tension, fatigability ,startle response ,moved to tears easily, trembling, feelings of restlessness, inability to relax.					
<b>3.Fears</b> Of dark, of strangers ,of being left alone, of traffic ,of crowds.					
<b>4.Insomnia</b> Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.					
<b>5.Intellectual</b> Difficulty in concentration,poor memory.					
<b>6.Depressed mood</b> Loss of interest,lack of pleasure in hobbies, depression, early waking,diurnal swing.					
<b>7.Somatic(muscular)</b> Pain and aches,twitching,stiffness,myoclonicjerks,grinding of teeth,unsteady voice,increased muscular tone.					
<b>8.Somatic(sensory)</b> Tinnitus,blurring of vision,hot and cold flushes,feelings of weakness,pricking sensation.					
<b>9.Cardiovascular Symptoms</b> Tachycardia,palpitations,pain in chest,throbbing of vessels,fainting feelings,missing beat.					
<b>10.Respiratory Symptoms</b> Pressure or constriction in chest, choking feelings, sighing, dyspnea.					
<b>11.Gastrointestinal Symptoms</b> Difficulty in swallowing, wind abdominal pain,burning sensations, abdominal fullness, nausea,					



vomiting, borborygmi, looseness of bowels, loss of weight, constipation.					
<b>12.Genitourinary Symptoms</b> Frequency of micturition, urgency of micturition, amenorrhoea, menorrhagia, development of rigidity, premature ejaculation, loss of libido, impotence.					
<b>13.Autonomic Symptoms</b> Dry mouth, pallor, tendency to sweat, giddiness, tension head ache, raising of hair.					
<b>14.Behaviour at interview</b> Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.					

## SCORING PROCEDURE

SCORE	LEVEL OF ANXIETY
<b>0</b>	<b>No Anxiety</b>
<b>1 - 14</b>	<b>Mild Anxiety</b>
<b>15 - 28</b>	<b>Moderate Anxiety</b>
<b>29 - 42</b>	<b>Severe Anxiety</b>
<b>43 - 56</b>	<b>Very Severe Anxiety</b>

## பிரிவு - ஆ

மாற்றிமைக்கப்பட்ட ஹாமில்டன் பதட்ட மனநிலையை விவரிக்கும் அளவுகோல் கீழே கொடுக்கப்பட்டுள்ளவற்றில் உங்கள் நோயாளியின் நிலைக்கேற்றவாறு, பதினான்கு கேள்விகளுக்கும் விடையளிக்குமாறு கேட்டுக்கொள்கிறேன்.

அறிகுறிகள்	பதட்ட மின்மை	லேசான பதற்றம்	மிதமான பதற்றம்	கடுமையான பதற்றம்	மிக கடுமையான பதற்றம்
<p><b>1. பதட்டமான நிலை</b> கவலை, மோசமான எதிர்ப்பார்ப்பு, பயம் எரிச்சல்.</p> <p><b>2. பதற்றம்</b> பதற்றமான உணர்வு, களைப்பு, திடுக்கிடு பதில் அளித்தல், எளிதாக கண்ணீர் வருதல், நடுக்கம், ஓய்வெடுக்க இயலாமை.</p> <p><b>3. பயம்</b> இருள் பயம், அந்நியர்கள் பயம், தனிமை பயம், போக்குவரத்து பயம், கூட்டத்தைக் கண்டு பயம்.</p> <p><b>4. தூக்கமின்மை</b> தூக்கக் குறைபாடு, திருப்தியான தூக்கமின்மை காலையில் எழும்போது சோர்வு, கனவுகள். இரவு பயரங்கள்.</p> <p><b>5. அறிவு சார்ந்தவை</b> நினைவாற்றலில் குறைபாடு, செறிவு சிரமம்.</p> <p><b>6. மன அழுத்த நிலை</b> கவனமின்மை, இன்பப்பற்றாக்குறை, மனசோர்வு, அதிகாலையில் விழித்தல், பகலிரவு ஊஞ்சல்.</p> <p><b>7. உடல்சார்ந்த அறிகுறிகள்</b> வலி, தசை வலி, தசை வலிப்பு, விறைப்பு, நிலையற்ற குரல், குரல் தொனி அதிகரித்தல்.</p>					

அறிகுறிகள்	பதட்ட மின்மை	லேசான பதற்றம்	மிதமான பதற்றம்	கடுமையான பதற்றம்	மிக கடுமையான பதற்றம்
<p><b>8. உணர்ச்சி சார்ந்த அறிகுறிகள்</b></p> <p>காதிரைச்சல், மங்கலான பார்வை, குளிர் மற்றும் வெப்பத்தினால் சிவத்தல், பலவீன உணர்வு, ஊசிக்குத்துவது போன்ற உணர்வு.</p> <p><b>9. இருதயம் சார்ந்த அறிகுறிகள்:</b></p> <p>அதிவேக இதயத்துடிப்பு, படபடப்பு, நாளங்கள் துடித்தல் , விட்டு விட்டு இதயம் துடித்தல்.</p> <p><b>10. சுவாச மண்டல அறிகுறிகள்</b></p> <p>மார்பு இருக்கம், நெஞ்சடைத்தல், தவிர்ப்பு, மூச்சிரைப்பு, மூச்சுத் திணறல்.</p> <p><b>11. செரிமான மண்டல அறிகுறிகள்:</b></p> <p>விழுங்குவதில் சிரமம், வயிற்றுவலி, எரிச்சலுணர்வு, அடிவயிறு நிரம்பி காணப்படுதல், வாந்தி, வாந்தி வருவது போன்ற உணர்வு, இறைச்சல், எடைக்குறைவு, மலச்சிக்கல்.</p> <p><b>12. சிறு நீரக மண்டல அறிகுறிகள்:</b></p> <p>இடைஇடையே சிறுநீர் கழித்தல், அவசரமாக சிறுநீர் கழித்தல் போன்ற உணர்வு ஏற்படுதல், மாதவிலக்கின்மை, மாதவிடாய் காலத்தில் அதிக இரத்த போக்கு, விறைப்புணர்ச்சி, அகால விந்து பிரச்சனை, ஆண்மையின்மை, ஆண்மை இழப்பு</p>					

அறிகுறிகள்	பதட்ட மின்மை	லேசான பதற்றம்	மிதமான பதற்றம்	கடுமையான பதற்றம்	மிக கடுமையான பதற்றம்
<p><b>13.தன்னாட்சி அறிகுறிகள்:</b> உலர்ந்த வாய், வெளிரிய தோற்றம், தலைவலி, மயக்கம், முடித்திரட்டும்</p> <p><b>14.பேட்டியின்போது வெளிப்படும் நடத்தைகள்:</b> அமைதியின்மை,வேகக்கட்டுப்பாடு, தவாளிம்புகள், மூச்சிரைப்பு அல்லது மூச்சுத் திணறல், வெளிரிய தோற்றம், விழுங்குதல்</p>					

அளவு மதிப்பீடு	பதட்டத்தன்மை
0	பதட்டமின்மை
1 -14	லேசான பதற்றம்
15-27	மிதமான பதற்றம்
28-42	கடுமையான பதற்றம்
43-56	மிக கடுமையான பதற்றம்

## **APPENDIX - IX**

### **PLAY THERAPY INTERVENTION**

Play therapy is a structured, theoretically based approach to therapy that builds on the normal communicative and learning processes of children

**(Carmichael, 2006;O'Connor& Schaefer, 1983).**

#### **PURPOSE**

1. To become more responsible for behaviors and develop more successful strategies.
2. To develop new and creative solutions to problems.
3. To develop respect and acceptance of self and others.
4. To learn to experience and express emotion.
5. To cultivate empathy and respect for thoughts and feelings of others.
6. To learn new social skills and relational skills with family.
7. To develop self-efficacy and thus a better assuredness about their abilities.

#### **DURATION**

Play therapy session varies in length but usually last about 30 to 50 minutes.

#### **Examples of the Hospital Play Interventions**

<b>Types of Play</b>	<b>Objectives</b>	<b>Activities</b>
<b>Preparation Play</b>	<ul style="list-style-type: none"><li>• To increase children's understanding of medical procedures.</li><li>• To give children a sense of control over threatening events and help to clarify their misconceptions.</li></ul>	Go through every step of a medical procedure using different instruments, such as tailor-made pretend medical dolls, procedural orientation books, real medical equipment, and miniature medical equipment.

<b>Distraction Play</b>	<ul style="list-style-type: none"> <li>• To reduce the anxiety of children undergoing medical procedures.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide interesting games and toys (e.g. blowing bubbles, pop-up books, puppets, computer games, music, video, sensory toys, relaxation techniques, etc.) to distract children's attention from medical procedures.</li> </ul>
<b>Medical Play</b>	<ul style="list-style-type: none"> <li>• To facilitate children's expression of their concerns and feelings related to hospitalization.</li> <li>• To familiarize children with the hospital environment and routine medical procedures.</li> <li>• To facilitate children's expression of their feelings and emotions related to hospitalization.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide various real and/or toy medical equipment (e.g. stethoscope, syringe without needles, bandages, medical cup, gloves, mask, nurse's cap, dressing pack, etc.) during children's hospitalization.</li> <li>• Get children involved in different kinds of expressive play activities (e.g. painting, singing, dancing, journaling, sand play, puppets, etc.), and encourage them to share or express their feelings.</li> </ul>

<b>Developmental Play</b>	<p>To promote optimum psychosocial development and prevent regression among hospitalized children.</p>	<p>Involve children in appropriate play activities (e.g. toys, board games, story books, arts and crafts play, etc.) according to their ages and abilities.</p>
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**APPENDIX – X**

**PHOTO GALLERY**

**INVESTIGATOR COLLECTING DATA FROM STUDY PARTICIPANTS**





## INVESTIGATOR PROVIDING PLAY THERAPY

